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Technology Center 2600

Docket No.: N9450.0024/P024  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Yasuharu Kitakami

Application No.: 09/925,439

Confirmation No.: 4109

Filed: August 10, 2001

Art Unit: 2652

For: DISK REPRODUCING APPARATUS

Examiner: T. Chen

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

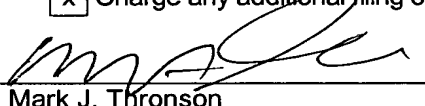
In response to the Office Action dated September 3, 2004 (Paper No. Mail Date 12), please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 6 of this paper.

O.P.E. JC  
 NOV 19 2004  
 PATENT & TRADEMARK OFFICE

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<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. N9450.0024/P024		
Application No. 09/925,439-Conf. #4109	Filing Date August 10, 2001	Examiner T. Chen	Art Unit 2652		
Applicant(s): Yasuharu Kitakami					
<div style="float: right; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="float: right;">NOV 23 2004</div>					
Invention: DISK REPRODUCING APPARATUS					
<b>TO THE COMMISSIONER FOR PATENTS</b> Technology Center 2600					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number/ Extra Claims Present	Rate	
<b>Total Claims</b>	13	- 20 =	x		0.00
<b>Independent Claims</b>	1	- 3 =	x		0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mark J. Thronson Attorney Reg. No.: 33,082				Dated: <u>November 19, 2004</u>	
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4742					